



## Wildlife Rehabilitation



# Wildlife Rehabilitation Training Proposal

Name of Organization: \_\_\_\_\_

Training Subject: \_\_\_\_\_

Instructor Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Credentials: \_\_\_\_\_

Training Date and Location: \_\_\_\_\_

## Training Outline

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Training Proposal Submitted by: \_\_\_\_\_

Fax Number \_\_\_\_\_

Date Submitted: \_\_\_\_\_ (all training proposals to be submitted 60 days before training)

DFG Personnel Approving Training: \_\_\_\_\_ Date: \_\_\_\_\_